

UNITED STATES DISTRICT COURT

District of _____

CONSTANTINE LETSMAN

Plaintiff

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

v.

1) *Trustees of Boston College Corp*
2) *Father William Leahy, President*
3) *Archdiocese of Boston*

Defendant

CASE NUMBER: _____

I, *CONSTANTINE LETSMAN* declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

December 2001. \$32,000 annually (\$2,000/mo after tax)
Deutsche Bank 2 International Place Boston MA 02110

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

Received \$1600/mo in disability payments from
a private disability insurance company.
Period: December 2001 - June 2004.

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. \$700

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☒ Yes ☐ No

If "Yes," describe the property and state its value.

\$150 in stocks

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

None

I declare under penalty of perjury that the above information is true and correct.

August 16, 2004

Date

[Signature]

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

The following information reflects your final 2003 pay stub plus any adjustments submitted by your employer.

Gross Pay	0.00	Social Security Tax Withheld	Box 4 of W-2	MA State Income Tax	Box 17 of W-2
Fed. Income Tax Withheld	Box 2 of W-2	Medicare Tax Withheld	Box 6 of W-2	SOI/SDI	Box 14 of W-2

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MA State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	0.00	0.00	0.00	0.00
Reported W-2 Wages	0.00	0.00	0.00	0.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept

KONSTANTIN LOTSMAN
46 WARD STREET
APT #3
BOSTON MA 02127

Social Security Number: 277-96-8462
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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Fold and Detach Here

Save 15% on tax preparation. Learn more at <http://taxpartner.adp.com>

1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
a Control Number	Dept.	Corp.	Employer use only
214532 73/DNL		T	2131

c Employer's name, address, and ZIP code
DEUTSCHE INVESTMENT
MANAGEMENT AMERICAS INC
60 WALL ST/NYC 60-2202
NEW YORK NY 10005

Batch #01733

b Employer's FED ID number	d Employee's SSA number
13-3241232	277-96-8462
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X

e/f Employee's name, address and ZIP code

KONSTANTIN LOTSMAN
46 WARD STREET
APT #3
BOSTON MA 02127

15 State Employer's state ID no.	16 State wages, tips, etc.
MA 133-241-232 05	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Safe, accurate, FAST! Use **e-file** Visit the IRS Web Site at www.irs.gov.
Employee Reference Copy
W-2 Wage and Tax Statement 2003
OMB No. 1545-0047

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4

D063

Benefit Type	Payment Period	Duration	Benefit Rate	Benefit Payable	Less Deduction
DISABILITY INCOME	04/23/2004 - 05/22/2004	30 DAYS	1600.00/MO	1600.00	.00

Deductions:

TOTAL PAYMENT \$ 1,600.00

Messages

Payments Issued 05/14/2004	
KONSTANTIN LOTSMAN	1,600.00

Total amount paid to date, including taxes, for this claim is \$ **36,800.00** for the period **06/23/2002** thru **05/22/2004**

G2014A (SRQ Check Overlay) 6-11-2003

Detach on Perforation Below - Please Cash Promptly

LIFE INSURANCE CO OF NORTH AMERICA

POLICY NO.	Centerholder	Claimant	
FLK0030079	K LOTSMAN	KONSTANTIN	LOTSMAN

Office Date
DOB3 05-14-2004

****ONE THOUSAND SIX HUNDRED DOLLARS AND 00 CENTS****

Pay to the Order of KONSTANTIN LOTSMAN
885 MASSACHUSETTS AVE
PMB 112
CAMBRIDGE MA 02138

FLEET NATIONAL BANK

HARTFORD CT 06115

PAY \$	****1,600.00
VOID AFTER 90 DAYS	

David M Powell